Moncrief Army Community Hospital

GLOBAL INFORMATION for QUALITY CARE

A Process to Comply with

Joint Commission on Accreditation of Healthcare Organizations

National Patient Safety Goal #8
Reconciliation of Medications
Effective 1 JAN 2006

A Multidisciplinary Approach

JCAHO National Patient Safety Goals

Goal and Requirement

Goal 8: Accurately and completely reconcile medications across the continuum of care.

Rationale: Patients are most at risk during transitions in care (hand-offs) across settings, services, providers or levels of care. The development, reconciliation and communication of an accurate medication list throughout the continuum of care is essential in the reduction of transition-related adverse drug events.

JCAHO National Patient Safety Goals, Continued

8A. Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to the patient. This process includes a comparison of the medications the organization provides to those on the list.

Implementation Expectations: 8A – Organizations must implement a standardized method for creating an accurate list of medications at admission/entry and transfer. The list should include the full range of medications as defined in the accreditation manuals:

Prescription medications

Sample medications

Vitamins

Nutriceuticals

Over-the-counter drugs

Vaccines

Diagnostic and contrast agents

Radioactive medications

Respiratory therapy-related medications

Parenteral nutrition

Blood derivatives

Intravenous solutions (plain or with additives)

Any product designated by the FDA as a drug

Development of a medication reconciliation form, to be used as a template for gathering information about current medications, is one method that can be used to standardize care and

JCAHO National Patient Safety Goals, Continued

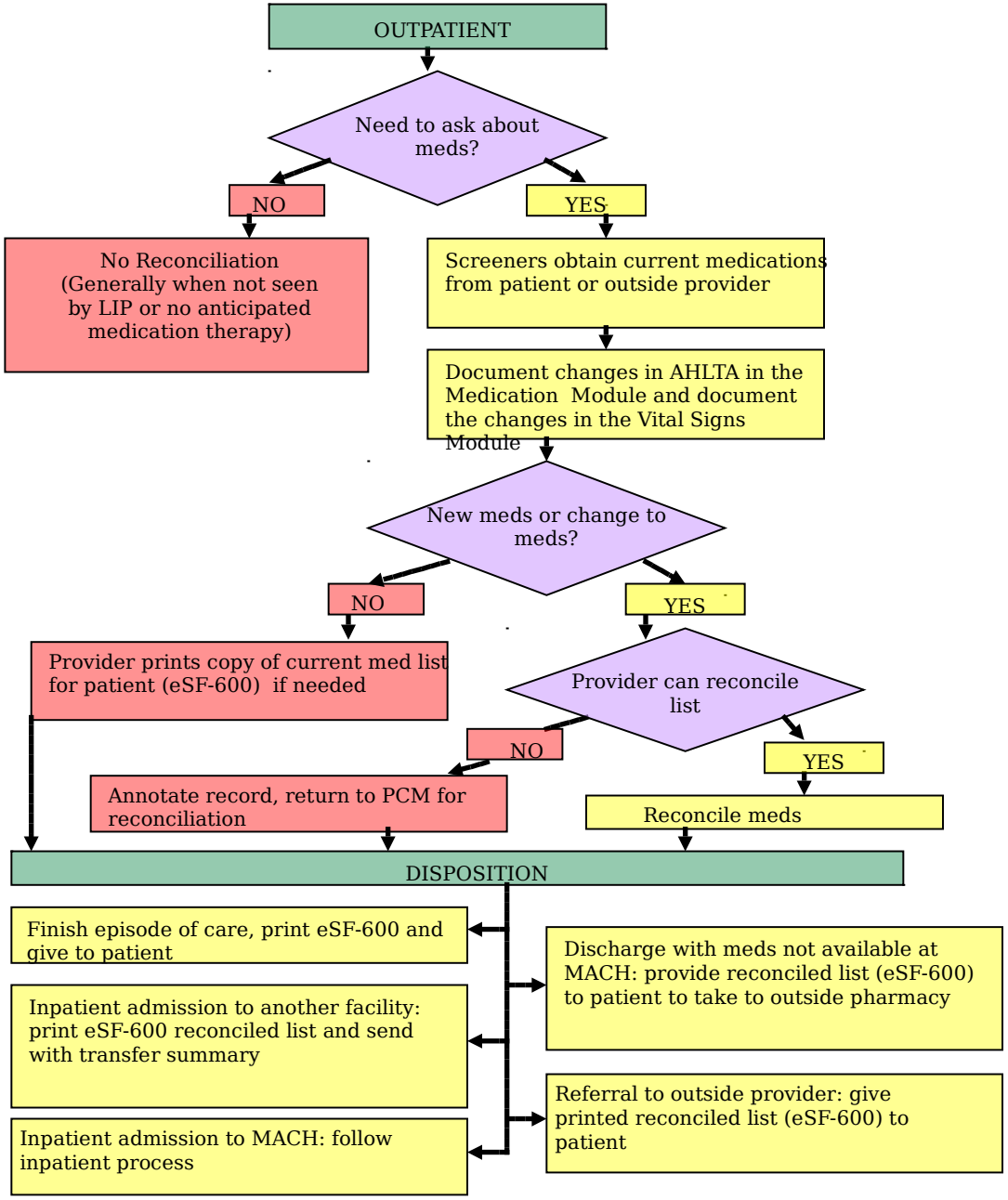
Goal and Requirement

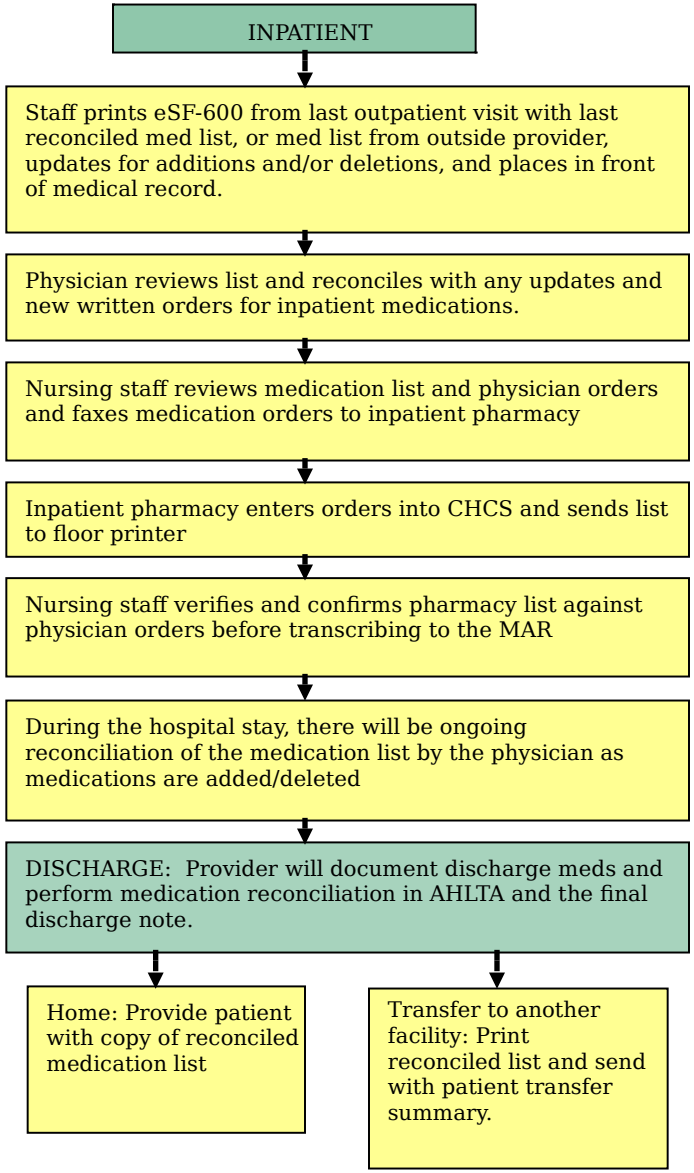
8B. A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

Implementation Expectations: 8B – The patients accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization. Thereafter, the next provider of service should check over the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.

At a minimum, reconciliation must occur any time the organization requires that orders be rewritten and any time the patient changes service, setting, provider or level of care and new medication orders are written. For transitions not involving new medications or rewriting of orders, the organization should determine whether reconciliation must occur.

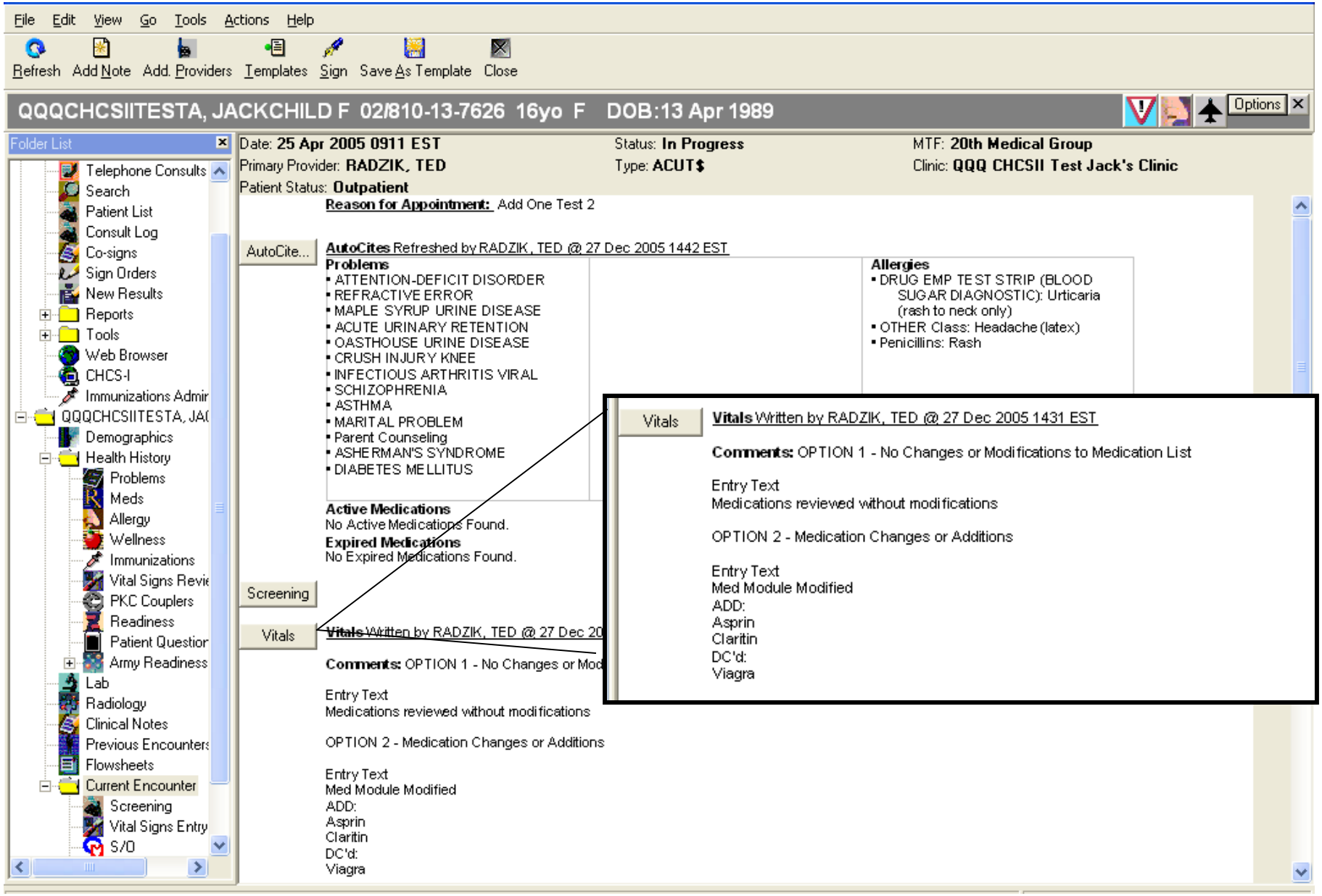
The Medication Reconciliation Process


OUTPATIENT
Need to ask about meds?
NO
YES
No Reconciliation (Generally when not seen by LIP or no anticipated medication therapy)
Screeners obtain current medications from patient or outside provider
Document changes in AHLTA in the Medication Module and document the changes in the Vital Signs Module
New meds or change to meds?
NO
YES
Provider prints copy of current med list for patient (eSF-600) if needed
Provider can reconcile list
NO
YES
Annotate record, return to PCM for reconciliation
Reconcile meds
DISPOSITION
Finish episode of care, print eSF-600 and give to patient
Inpatient admission to another facility: print eSF-600 reconciled list and send with transfer summary
Inpatient admission to MACH: follow inpatient process
Discharge with meds not available at MACH: provide reconciled list (eSF-600) to patient to take to outside pharmacy
Referral to outside provider: give printed reconciled list (eSF-600) to patient

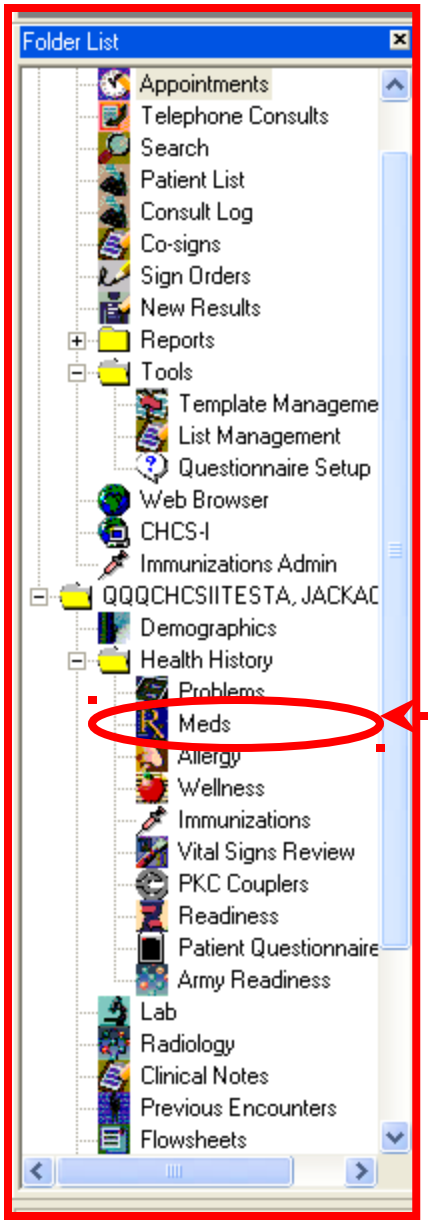

INPATIENT
Staff prints eSF-600 from last outpatient visit with last reconciled med list, or med list from outside provider, updates for additions and/or deletions, and places in front of medical record.
Physician reviews list and reconciles with any updates and new written orders for inpatient medications.
Nursing staff reviews medication list and physician orders and faxes medication orders to inpatient pharmacy
Inpatient pharmacy enters orders into CHCS and sends list to floor printer
Nursing staff verifies and confirms pharmacy list against physician orders before transcribing to the MAR
During the hospital stay, there will be ongoing reconciliation of the medication list by the physician as medications are added/deleted
DISCHARGE: Provider will document discharge meds and perform medication reconciliation in AHLTA and the final discharge note.
Home: Provide patient with copy of reconciled medication list
Transfer to another facility: Print reconciled list and send with patient transfer summary.

21 Dec 2005/DCCS Office

Example of Vital Signs Module Text of Medication Reconciliation

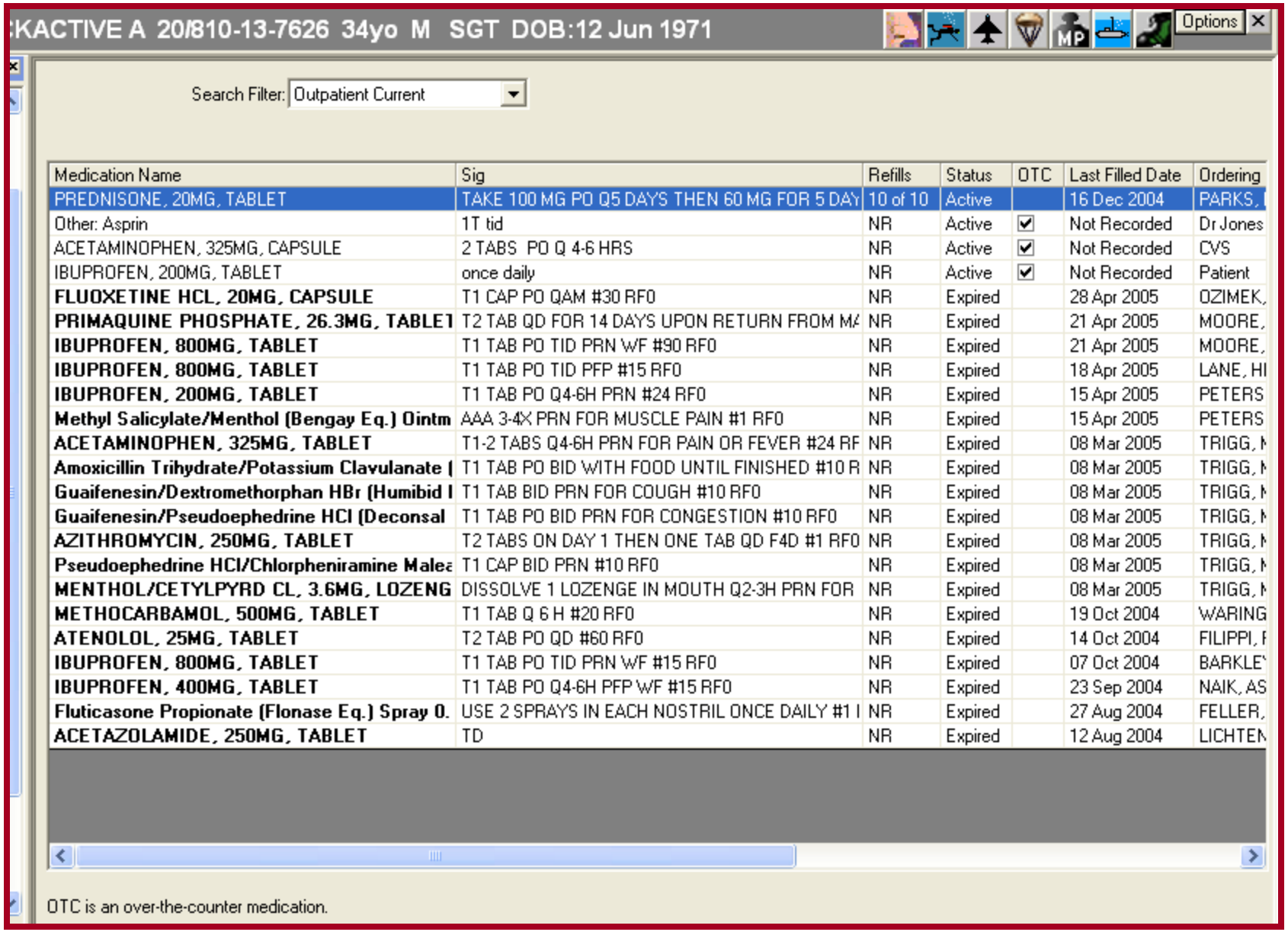


Outpatient Medication Reconciliation Process



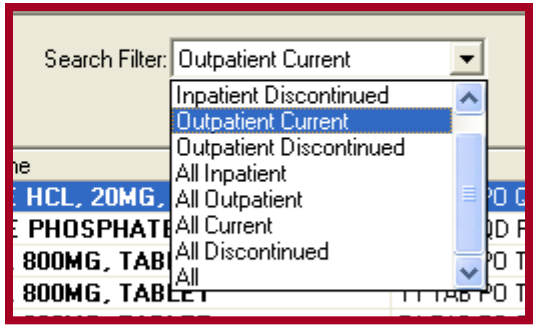
The process of reconciling a patients medication list begins by the staff opening the Patients medication module.

This is accomplished by a single left-click on the **Meds** icon located in the patient's medical records in the Folder List.

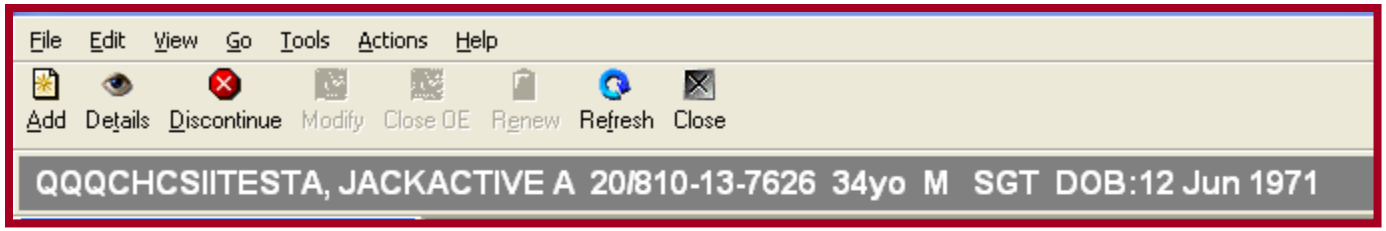

KACTIVE A 20/810-13-7626 34yo M SGT DOB:12 Jun 1971
Options
Search Filter: Outpatient Current
Medication Name | Sig | Refills | Status | OTC | Last Filled Date | Ordering
PREDNISONE, 20MG, TABLET | TAKE 100 MG PO Q5 DAYS THEN 60 MG FOR 5 DAY | 10 of 10 | Active | | 16 Dec 2004 | PARKS,
Other: Asprin | 1T tid | NR | Active | ☑ | Not Recorded | Dr Jones
ACETAMINOPHEN, 325MG, CAPSULE | 2 TABS PO Q 4-6 HRS | NR | Active | ☑ | Not Recorded | CVS
IBUPROFEN, 200MG, TABLET | once daily | NR | Active | ☑ | Not Recorded | Patient
FLUOXETINE HCL, 20MG, CAPSULE | T1 CAP PO QAM #30 RF0 | NR | Expired | | 28 Apr 2005 | OZIMEK,
PRIMAQUINE PHOSPHATE, 26.3MG, TABLET | T2 TAB QD FOR 14 DAYS UPON RETURN FROM M/ | NR | Expired | | 21 Apr 2005 | MOORE,
IBUPROFEN, 800MG, TABLET | T1 TAB PO TID PRN WF #90 RF0 | NR | Expired | | 21 Apr 2005 | MOORE,
IBUPROFEN, 800MG, TABLET | T1 TAB PO TID PFP #15 RF0 | NR | Expired | | 18 Apr 2005 | LANE, HI
IBUPROFEN, 200MG, TABLET | T1 TAB PO Q4-6H PRN #24 RF0 | NR | Expired | | 15 Apr 2005 | PETERS
Methyl Salicylate/Menthol (Bengay Eq.) Ointm | AAA 3-4X PRN FOR MUSCLE PAIN #1 RF0 | NR | Expired | | 15 Apr 2005 | PETERS
ACETAMINOPHEN, 325MG, TABLET | T1-2 TABS Q4-6H PRN FOR PAIN OR FEVER #24 RF | NR | Expired | | 08 Mar 2005 | TRIGG, M
Amoxicillin Trihydrate/Potassium Clavulanate (| T1 TAB PO BID WITH FOOD UNTIL FINISHED #10 R | NR | Expired | | 08 Mar 2005 | TRIGG, M
Guaifenesin/Dextromethorphan HBr (Humibid I | T1 TAB BID PRN FOR COUGH #10 RF0 | NR | Expired | | 08 Mar 2005 | TRIGG, M
Guaifenesin/Pseudoephedrine HCl (Deconsal | T1 TAB PO BID PRN FOR CONGESTION #10 RF0 | NR | Expired | | 08 Mar 2005 | TRIGG, M
AZITHROMYCIN, 250MG, TABLET | T2 TABS ON DAY 1 THEN ONE TAB QD F4D #1 RF0 | NR | Expired | | 08 Mar 2005 | TRIGG, M
Pseudoephedrine HCl/Chlorpheniramine Malea | T1 CAP BID PRN #10 RF0 | NR | Expired | | 08 Mar 2005 | TRIGG, M
MENTHOL/CETYLPYRD CL, 3.6MG, LOZENG | DISSOLVE 1 LOZENGE IN MOUTH Q2-3H PRN FOR | NR | Expired | | 08 Mar 2005 | TRIGG, M
METHOCARBAMOL, 500MG, TABLET | T1 TAB Q 6 H #20 RF0 | NR | Expired | | 19 Oct 2004 | WARING
ATENOLOL, 25MG, TABLET | T2 TAB PO QD #60 RF0 | NR | Expired | | 14 Oct 2004 | FILIPPI, F
IBUPROFEN, 800MG, TABLET | T1 TAB PO TID PRN WF #15 RF0 | NR | Expired | | 07 Oct 2004 | BARKLE
IBUPROFEN, 400MG, TABLET | T1 TAB PO Q4-6H PFP WF #15 RF0 | NR | Expired | | 23 Sep 2004 | NAIK, AS
Fluticasone Propionate (Flonase Eq.) Spray 0. | USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY #1 I | NR | Expired | | 27 Aug 2004 | FELLER,
ACETAZOLAMIDE, 250MG, TABLET | TD | NR | Expired | | 12 Aug 2004 | LICHTEN
OTC is an over-the-counter medication.

This will open the Medication Module for the patient. This is a view of the results window based the criteria selected from the Search Filter

AHLTA Meds Module Actions

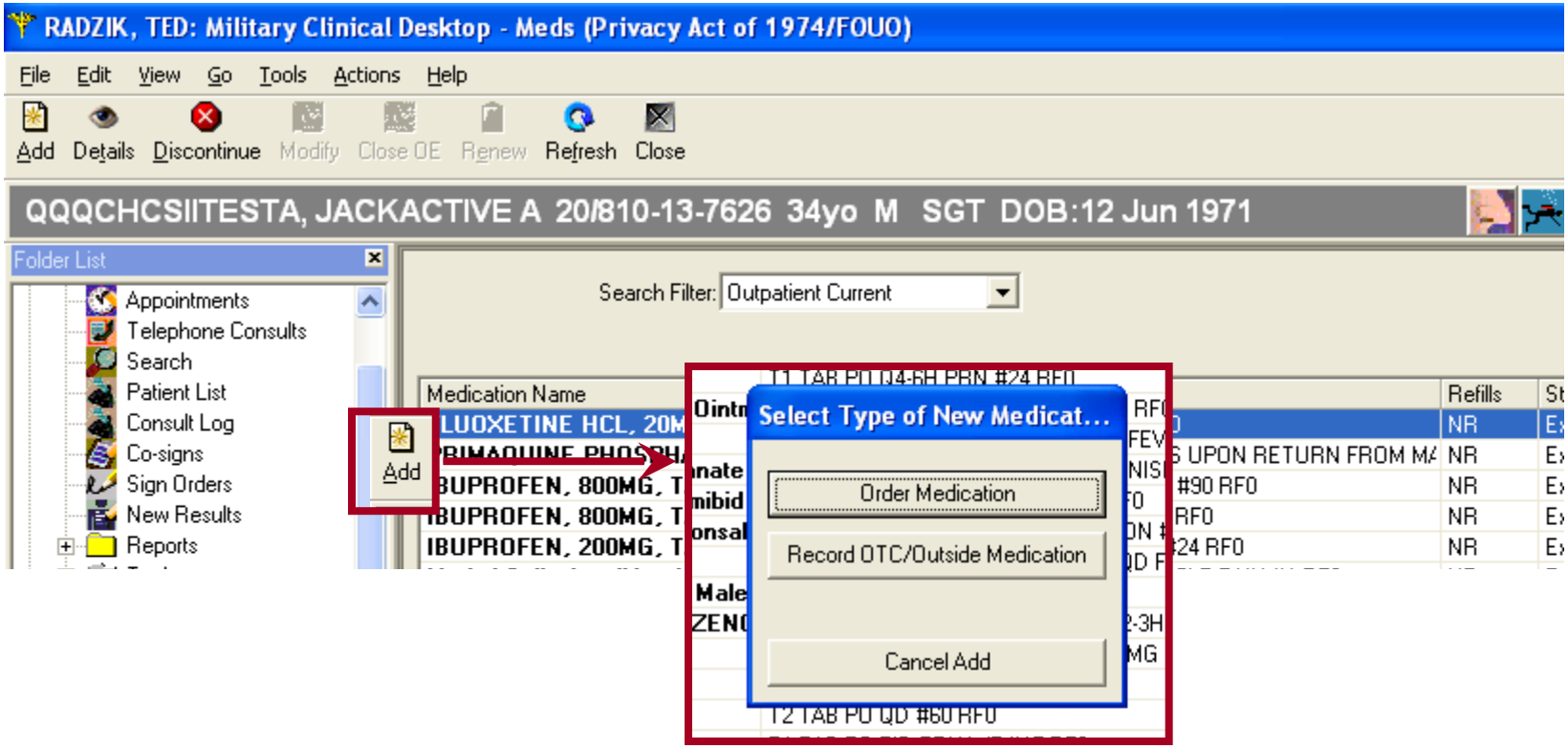


The first option available to the staff is to use the Search Filter. On this screen they can view a variety different medications.


File Edit View Go Tools Actions Help
Add Details Discontinue Modify Close OE Renew Refresh Close
QQQCHCSIITESTA, JACKACTIVE A 20/810-13-7626 34yo M SGT DOB:12 Jun 1971

Depending on the option selected using the Search Filter, the Action Bar offers additional functions to be used for each of the medications listed in the results window.

AHLTA Meds Module Actions



The Add icon on the Action Bar opens the “Select Type of New Medication” window. Here a Provider/Staff can order a new medication or record a prescription medication or OTC from another Provider. Then at the eSF-600 refresh the Autocite feature and the newly added medications will now appear on the eSF-600.

Example: Before Reconciliation

Date: **21 Nov 2005 1126 EST** Status: **In Progress** MTF: **20th Medical Group**
Primary Provider: **RADZIK, TED** Type: **ACUT$** Clinic: **QQQ CHCSII Test Jack's Clinic**
Patient Status: **Outpatient**

Reason for Appointment: Demo of TMC/PES Procedures

AutoCite...

AutoCites Refreshed by RADZIK, TED @ 23 Nov 2005 1208 EST
Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Irbesartan/Hydrochlorothiazide (Avalide Eq.) Tablet 150-12.5mg Oral	Active	T1 TAB QD #90 RF1	1 of 1	21 Jul 2005
ACETAMINOPHEN, 325MG, TABLET	Active	1 po q4h	NR	Not Recorded
IBUPROFEN, 100MG, TABLET	Active	as needed	NR	Not Recorded
PAROXETINE HCL, 10MG, TABLET	Active	take as prescribed	NR	Not Recorded
PSEUDOEPHEDRINE HCL, 30MG, TABLET	Active	PRN	NR	Not Recorded

Example: After Reconciliation

Patient Status: **Outpatient**

Reason for Appointment: Demo of TMC/PES Procedures

AutoCite...

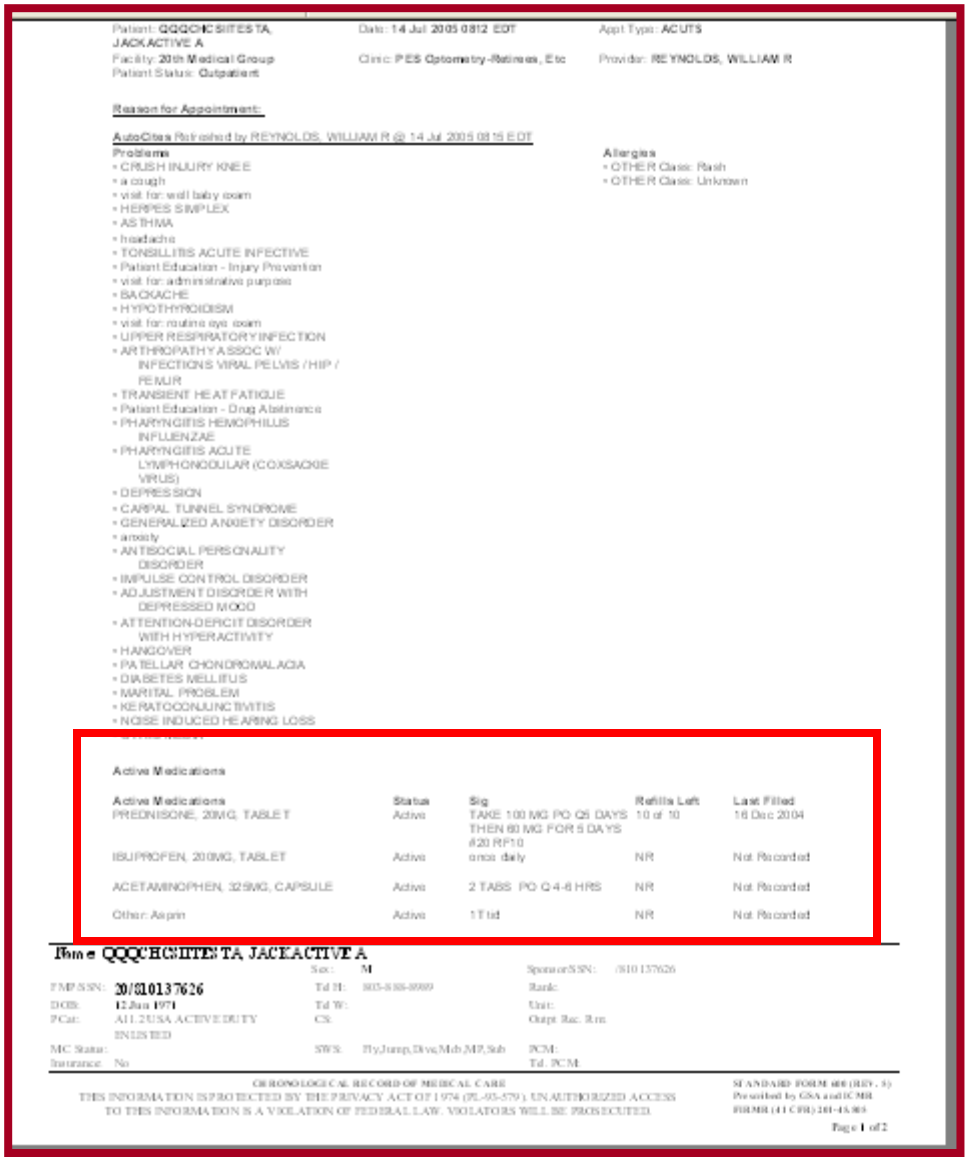
AutoCites Refreshed by RADZIK, TED @ 23 Nov 2005 1246 EST
Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Irbesartan/Hydrochlorothiazide (Avalide Eq.) Tablet 150-12.5mg Oral	Active	T1 TAB QD #90 RF1	1 of 1	21 Jul 2005
ACETAMINOPHEN, 325MG, TABLET	Active	1 po q4h	NR	Not Recorded
IBUPROFEN, 100MG, TABLET	Active	as needed	NR	Not Recorded
PAROXETINE HCL, 10MG, TABLET	Active	take as prescribed	NR	Not Recorded
GINKGO BILOBA, 40MG, TABLET	Active	T1 PO QD	NR	Not Recorded
PSEUDOEPHEDRINE HCL, 30MG, TABLET	Active	PRN	NR	Not Recorded

INPATIENT ADMISSION

The receiving inpatient unit will access from AHLTA, the completed eSF-600 from the most recent outpatient visit, which will include the reconciled medication list.

A hard copy can be printed from the File -> Print -> SF-600.



Patient: QQQCHCSITESTA, JACKACTIVE A
Facility: 20th Medical Group
Patient Status: Outpatient

Date: 14 Jul 2005 0812 EDT
Clinic: PES Optometry-Retirees, Etc

Appt Type: ACUTS
Provider: REYNOLDS, WILLIAM R

Reason for Appointment:

AutoCites Refreshed by REYNOLDS, WILLIAM R @ 14 Jul 2005 0815 EDT

Problems
- CRUSH INJURY KNEE
- a cough
- visit for well baby exam
- HERPES SIMPLEX
- ASTHMA
- headache
- TONSILLITIS ACUTE INFECTIVE
- Patient Education - Injury Prevention
- visit for administrative purpose
- BACKACHE
- HYPOTHYROIDISM
- visit for routine eye exam
- UPPER RESPIRATORY INFECTION
- ARTHROPATHY ASSOC W/ INFECTIONS VIRAL PELVIS / HIP / FEMUR
- TRANSIENT HEAT FATIGUE
- Patient Education - Drug Abstinence
- PHARYNGITIS HEMOPHILUS INFLUENZAE
- PHARYNGITIS ACUTE LYMPHONODULAR (COXSACKIE VIRUS)
- DEPRESSION
- CARPAL TUNNEL SYNDROME
- GENERALIZED ANXIETY DISORDER
- anxiety
- ANTISOCIAL PERSONALITY DISORDER
- IMPULSE CONTROL DISORDER
- ADJUSTMENT DISORDER WITH DEPRESSED MOOD
- ATTENTION-DEFICIT DISORDER WITH HYPERACTIVITY
- HANGOVER
- PATELLAR CHONDROMALACIA
- DIABETES MELLITUS
- MARITAL PROBLEM
- KERATOCONJUNCTIVITIS
- NOISE INDUCED HEARING LOSS

Allergies
- OTHER Class: Rash
- OTHER Class: Unknown

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
PREDNISONE, 20MG, TABLET	Active	TAKE 100 MG PO QD DAYS THEN 60 MG FOR 5 DAYS #20 RF10	10 of 10	16 Dec 2004
IBUPROFEN, 200MG, TABLET	Active	once daily	NR	Not Recorded
ACETAMINOPHEN, 325MG, CAPSULE	Active	2 TABS PO Q 4-6 HRS	NR	Not Recorded
Other: Aspirin	Active	1 T tid	NR	Not Recorded

Name: QQQCHCSITESTA JACKACTIVE A
Sex: M
SponsorSSN: 310137626
FMP SSN: 20/310137626
Tel H: 805-888-8889
Rank:
DOB: 12 Jun 1971
Tel W:
Unit:
PCat: A11.2USA ACTIVE DUTY ENLISTED
CS:
Outpt Rec Rtn:
MC Status:
SWS: FlyJump,Diva,Mob,MP,Sub
PCM:
Insurance: No
Tel PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and DOD
FORMS (41 CFR) 101-45.903

Page 1 of 2

Inpatient Medication Reconciliation Process

Throughout the time of the patients stay as an inpatient, the medication list will continue to be reconciled using established procedures and forms.

For cases of inpatient transfers, the accepting provider will review and reconcile the list of medications which exists in the medical record.

INPATIENT DISCHARGES

Upon completion of the discharge orders by the Attending Provider, the staff will perform a medication reconciliation with the patient, as part of the discharge process.

If needed the Attending can refer to the preadmission medication reconciliation in AHLTA and the MAR from the current admission to assure the appropriate medications are ordered at time of discharge.

This includes, creating a non-workload count visit in AHLTA, using QQQ Clinic and printing the eSF-600 with the updated medication reconciliation list for review with the patient.

The encounter is closed using the ICD-9 Code of V65.49_1 (Note: DoD Extender) – Proper Use of Medications _ Medication Education, the Disposition will be as ordered by the attending Provider, and the E & M Code will be 99499.

Example: Before Reconciliation

Date: **21 Nov 2005 1126 EST** Status: **In Progress** MTF: **20th Medical Group**
Primary Provider: **RADZIK, TED** Type: **ACUT$** Clinic: **QQQ CHCSII Test Jack's Clinic**
Patient Status: **Outpatient**

Reason for Appointment: Demo of TMC/PES Procedures

AutoCite...

AutoCites Refreshed by RADZIK, TED @ 23 Nov 2005 1208 EST
Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Irbesartan/Hydrochlorothiazide (Avalide Eq.) Tablet 150-12.5mg Oral	Active	T1 TAB QD #90 RF1	1 of 1	21 Jul 2005
ACETAMINOPHEN, 325MG, TABLET	Active	1 po q4h	NR	Not Recorded
IBUPROFEN, 100MG, TABLET	Active	as needed	NR	Not Recorded
PAROXETINE HCL, 10MG, TABLET	Active	take as prescribed	NR	Not Recorded
PSEUDOEPHEDRINE HCL, 30MG, TABLET	Active	PRN	NR	Not Recorded

Example: After Reconciliation

Patient Status: **Outpatient**

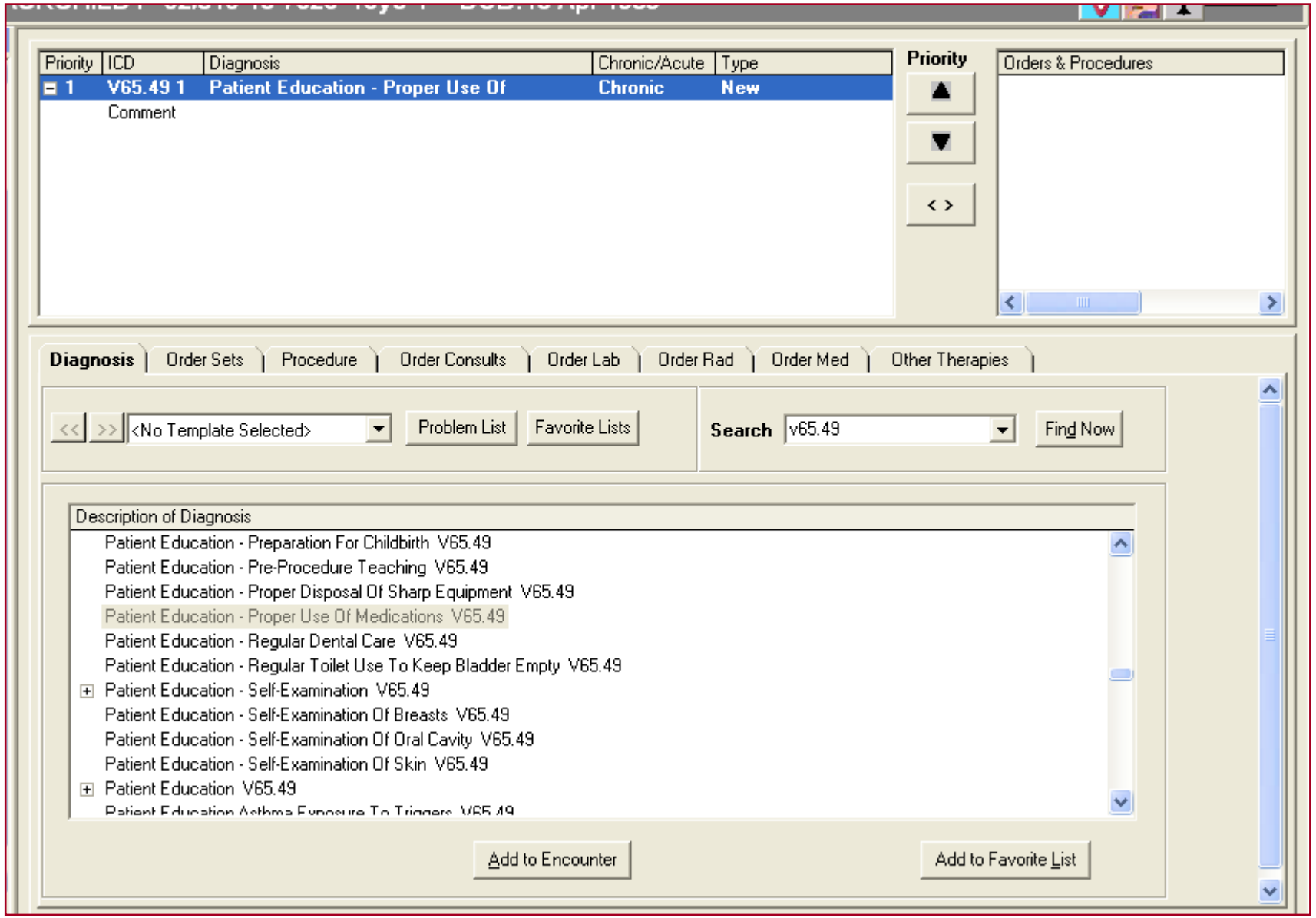
Reason for Appointment: Demo of TMC/PES Procedures

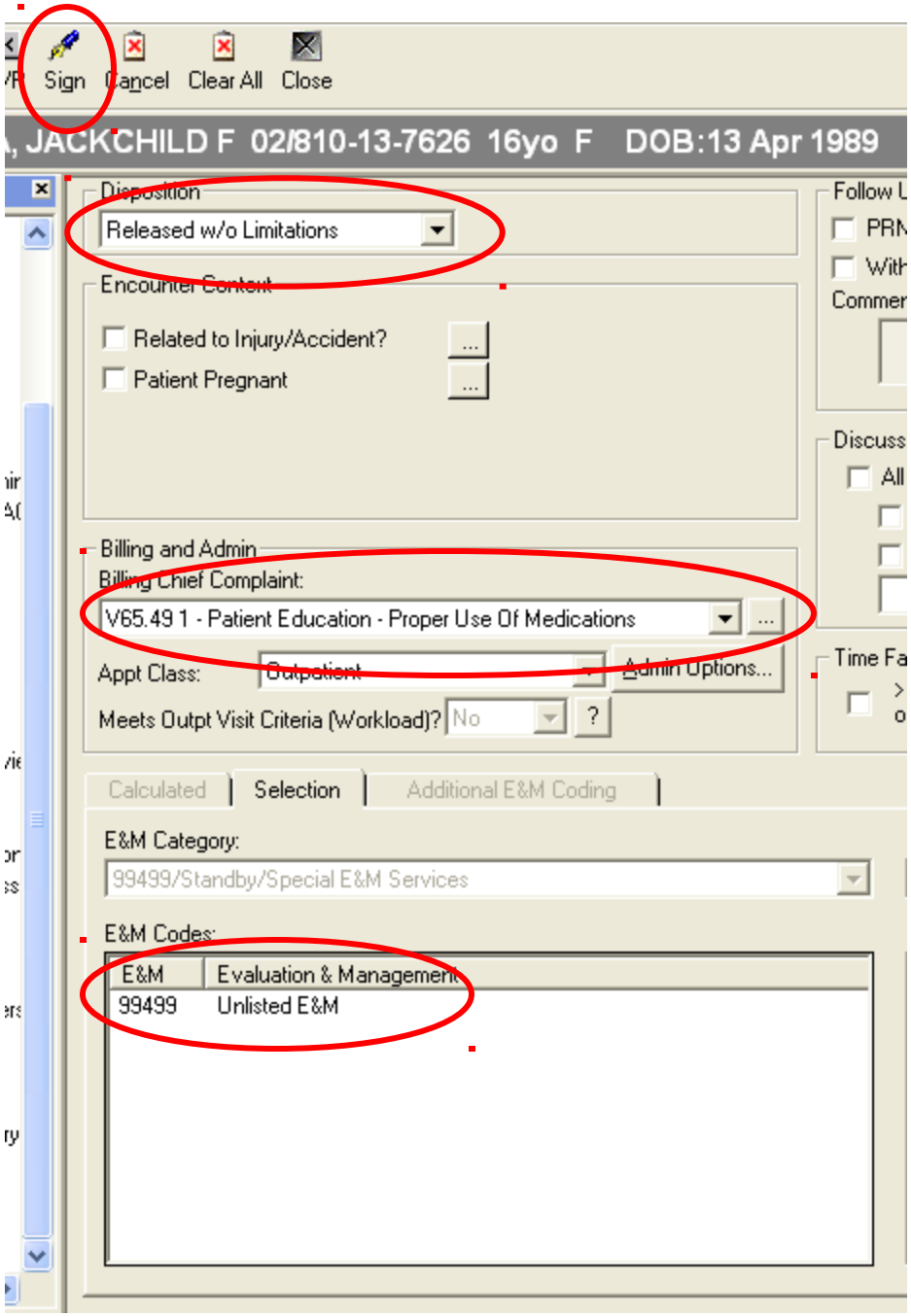
AutoCite...

AutoCites Refreshed by RADZIK, TED @ 23 Nov 2005 1246 EST
Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Irbesartan/Hydrochlorothiazide (Avalide Eq.) Tablet 150-12.5mg Oral	Active	T1 TAB QD #90 RF1	1 of 1	21 Jul 2005
ACETAMINOPHEN, 325MG, TABLET	Active	1 po q4h	NR	Not Recorded
IBUPROFEN, 100MG, TABLET	Active	as needed	NR	Not Recorded
PAROXETINE HCL, 10MG, TABLET	Active	take as prescribed	NR	Not Recorded
GINKGO BILOBA, 40MG, TABLET	Active	T1 PO QD	NR	Not Recorded
PSEUDOEPHEDRINE HCL, 30MG, TABLET	Active	PRN	NR	Not Recorded

A/P Module Showing Medication Reconciliation Diagnosis





AHLTA
Disposition Module Actions

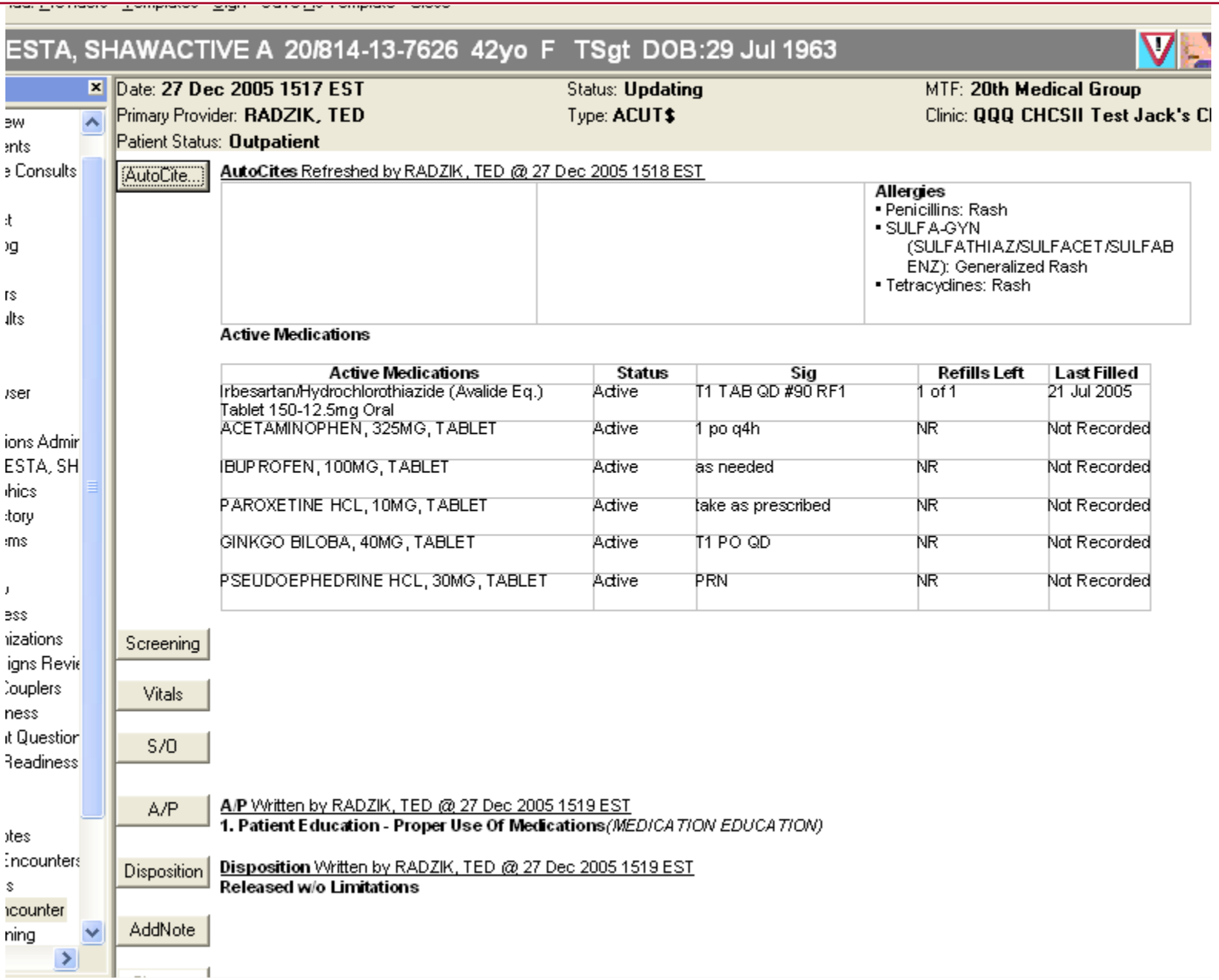
Disposition: As Appropriate

Diagnosis: Auto-populate

E & M Code: Assure 99499

Select Sign Icon from Action Bar and Sign Encounter to Close ADS

Completed eSF-600 For Inpatient Medication Reconciliation



ESTA, SHAWACTIVE A 20/814-13-7626 42yo F TSgt DOB:29 Jul 1963

Date: **27 Dec 2005 1517 EST** Status: **Updating** MTF: **20th Medical Group**
Primary Provider: **RADZIK, TED** Type: **ACUT$** Clinic: **QQQ CHCSII Test Jack's Cl**
Patient Status: **Outpatient**

AutoCite...

AutoCites Refreshed by RADZIK, TED @ 27 Dec 2005 1518 EST

Allergies
- Penicillins: Rash
- SULFA-GYN (SULFATHIAZ/SULFACET/SULFABENZ): Generalized Rash
- Tetracyclines: Rash

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Irbesartan/Hydrochlorothiazide (Avalide Eq.) Tablet 150-12.5mg Oral	Active	T1 TAB QD #90 RF1	1 of 1	21 Jul 2005
ACETAMINOPHEN, 325MG, TABLET	Active	1 po q4h	NR	Not Recorded
IBUPROFEN, 100MG, TABLET	Active	as needed	NR	Not Recorded
PAROXETINE HCL, 10MG, TABLET	Active	take as prescribed	NR	Not Recorded
GINKGO BILOBA, 40MG, TABLET	Active	T1 PO QD	NR	Not Recorded
PSEUDOEPHEDRINE HCL, 30MG, TABLET	Active	PRN	NR	Not Recorded

Screening

Vitals

S/O

A/P

A/P Written by RADZIK, TED @ 27 Dec 2005 1519 EST
1. Patient Education - Proper Use Of Medications*(MEDICATION EDUCATION)*

Disposition

Disposition Written by RADZIK, TED @ 27 Dec 2005 1519 EST
Released w/o Limitations

AddNote

Back-up System

In the event of an AHLTA or CHCS system outage occurrence, the following Universal Medication Form shall be prepared and presented to the patient. All patient care units should maintain a supply of these forms. See sample form on the next slide.

Refer to back of form for directions, benefits of using the form, and how to get more copies.

Additional Notes

- Screeners must be given the keys to add meds to the meds list.
- The added meds are also placed in the vitals section to alert the provider that new meds were added.
- Not all encounters need a med reconciliation
- ASU med reconciliation can follow the inpatient tree

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet **Date form started:**

Name:	**Address:**
Phone Number:	
Birth Date:	
Emergency Contact/Phone numbers:	

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)		
TETANUS	FLU VACCINE(S)	
PNEUMONIA VACCINE	HEPATITIS VACCINE	**OTHER**

Allergic To /Describe Reaction:	**Allergic To /Describe Reaction:**

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	Notes: Reason for taking / Doctor Name

Refer to back of form for directions, benefits of using the form, and how to get more copies.

UNIVERSAL MEDICATION FORM

Patient:

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.

2. Write down all of the medicines you are taking and list all of your allergies.

3. Take this form to ALL doctor visits, when you go for tests and ALL hospital visits.

4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your Doctor, Nurse, Pharmacist, or family member to help you to **keep it up-to-date.**

5. In the NOTES column, write down the name of the doctor who told you to take the medicine(s). You may also write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).

6. When you are discharged from the hospital, someone will talk with you about **WHICH MEDICINES TO TAKE AND WHICH MEDICINES TO STOP TAKING**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up-to-date on your medicines.

HOW DOES THIS FORM HELP YOU?

1. This form helps you and your family members **remember** all of the **medicines you are taking**.

2. Provides your doctor(s) and others with a **current list of ALL of your medicines**. Doctors need to know the herbals, vitamins, and over-the-counter medicines you take!

3. **Helps you** –concerns may be found and prevented by knowing what medicines you are taking.

SCHA
South Carolina Hospital Association

South Carolina Society of Health System Pharmacists

CAROLINA MEDICAL REVIEW$_{sm}$

SC MEDICAL ASSOCIATION

For copies of the UNIVERSAL MEDICATION FORM visit the South Carolina Hospital Association web site at **www.scha.org**.

Developed by AnMed Health and South Carolina Hospital Association 2004

(02/04)